

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G681		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2012	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6643 FILLMORE MERRILLVILLE, IN 46410			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 29, 30, and 31, 2012</p> <p>Facility number: 002494 Provider number: 15G681 AIM number: 200264250</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 2, 2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the facility failed to maintain a clean living room carpet for 3 of 3 sampled clients (clients #1, #2, and #3), and 2 additional clients (clients #4 and #5).</p> <p>Findings include:</p> <p>The group home where clients #1, #2, #3, #4 and #5 resided was inspected during the 10/29/12 observation period from 4:28 P.M. until 6:00 P.M. The living room carpet had a large eight foot by six foot soiled area.</p> <p>The facility's records were reviewed on 10/30/12 at 10:11 A.M. Review of a work order indicated the carpet was last cleaned in February of 2012.</p> <p>Area Manager #1 was interviewed on 10/30/12 at 10:15 A.M. Area Manager #1 indicated no current work order had been submitted for the facility's carpet to be cleaned.</p> <p>9-3-1(a)</p>			W0104	<p>(General Maintenance) - The Area Manager had the carpet professionally cleaned on October 31, 2012.</p> <p>To ensure future compliance, the staff, the Area Manager will monitor the condition of the carpet and will notify the appropriate persons of any changes.</p>		10/31/2012

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (client #3), wore a belt to hold up her pants.</p> <p>Findings include:</p> <p>Client #3 was observed during the 10/30/12 observation period from 4:28 P.M. until 6:00 P.M. As direct care staff #1 escorted client #3 off the van and into the group home at 5:00 P.M., client #3 was observed to not be wearing a belt and her pants were falling down to her hips. At 5:45 P.M. direct care staff #1 escorted client #3 to the bathroom. Client #3 was not wearing a belt and her pants were falling down around her hips. During the observation period, direct care staff #1 did not prompt or assist client #3 in putting on a belt to hold her pants up.</p> <p>Service Coordinator #2 was interviewed on 10/30/12 at 11:07 A.M. Service Coordinator #2 indicated direct care staff should have assured client #3 wore a belt to hold her pants up.</p>			W0137	<p>( Appropriate Use of Personal Items) - To ensure that client #3 retain and use appropriate personal items pertaining to her the use of clothing, the Service Coordinator will re-train DSP's on the proper usage of when it's necessary to wear a belt. To ensure future compliance, the Service Coordinator and the staff will monitor weekly for three months and bi-weekly thereafter.</p>		11/15/2012

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	9-3-2(a)						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to ensure direct care staff implemented training objectives for 1 of 3 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3 was observed at the group home during the 10/29/12 observation period from 4:28 P.M. until 6:00 P.M. From 5:00 P.M. until 5:45 P.M., client #3 sat in darkened living room of the facility without staff interaction or training. Direct care staff #1 did not interact with or provide training to client #3.</p> <p>Client #3's record was reviewed on 10/30/12 at 8:57 A.M. A review of the client's 2/17/12 Individual Program Plan indicated client #3 had the following objectives which could have been implemented: "Identify pictures for communication, Sort coins, Clean eyeglasses, Wash face and hands."</p>			W0249	<p>(Active Treatment) - The Service Coordinator will retrain DSPs on implementation of objectives and document training so that active treatment is continuous.</p> <p>To ensure future compliance, the Service Coordinator will observe implementation of the program objectives at least monthly for three months and periodically thereafter.</p>		11/15/2012

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	<p>Service Coordinator #2 was interviewed on 10/30/12 at 11:07 A.M. Service Coordinator #2 indicated direct care staff should have interacted with and implemented client #3's objectives.</p> <p>9-3-4(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to assure 1 of 3 sampled clients (client #2) wore her prescribed leg brace.</p> <p>Findings include:</p> <p>Client #2 was observed at the group home on 10/29/12 from 4:28 P.M. until 6:00 P.M., and on 10/30/12 from 6:26 A.M. until 8:00 A.M. During the observation periods, client #2 did not wear a leg brace.</p> <p>Client #2's record was reviewed on 10/30/12 at 9:41 A.M. The review of an 8/21/12 fall risk plan indicated client #2 "needs to wear leg brace at all times during waking hours."</p> <p>Nurse #1 was interviewed on 10/30/12 at 9:55 A.M. Nurse #1 stated client #2 had broken her leg brace "on purpose" and a new one was "going to be ordered."</p> <p>Nurse #1 indicated she was unsure when the leg brace would be available for the client to use.</p>			W0436	<p>(Adaptive Equipment)– The DSP's will receive training by the Community Service Nurse of the significance of adaptive equipment and which is her leg brace. Training will include implementation and reporting breakage in a timely manner. Staff will be trained that all broken equipment will be sent in upon receipt and immediately returned to client upon repair.</p> <p>To ensure future compliance, the Service Coordinator will observe proper use of adaptive equipment two times per month for three months.</p>		11/15/2012



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	9-3-7(a)						

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W0440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview the facility failed to hold evacuation drills on the overnight shift (11:30 P.M. to 6:30 A.M.) during the second quarter of 2012 for 5 of 5 clients living at the group home (clients #1, #2, #3, #4, and #5).</p> <p>Findings include:</p> <p>The facility records were reviewed on 10/29/12 at 2:14 P.M. Review of the facility's evacuation drills, from 10/1/11 to 10/29/12 failed to indicate evacuation drills were held for clients #1, #2, #3, #4, and #5 during the overnight shift during the second quarter (April 1st through June 30th) of 2012.</p> <p>Area Manager #1 was interviewed on 10/30/12 at 10:15 A.M. Area Manager #1 indicated there was no overnight evacuation drill completed during the second quarter of 2012.</p> <p>9-3-7(a)</p>			W0440	<p>(Evacuation Drills) – The last evacuation drill was done on November 1, 2012. The Area Manager will retrain staff on evacuation drills to ensure that fire drills are ran during each shift every month at each house and recorded respectively.</p> <p>To ensure future compliance, the Area Manager will monitor fire drill logs monthly and thereafter.</p>		11/15/2012